

1. Patient personal details

Institute code:

Physician code:

Insurance number:

Initials:

Registration number:

Date of birth:

Gender (genetic): female / male

Race: Asian-Indian / Caucasian / African / not available

Date of visit:

Body weight: kg Body height: cm

2. Acromegaly-specific medical history

● Year of diagnosis:

● Latency (years):

● Initial symptoms:

→Symptoms due to increased hormone production: yes / no

 └ Symptoms of acromegaly yes / no

 - If yes, please specify:

 - **Swelling of extremities*** yes / no

 └ If yes, please specify: mild / moderate / severe

 - **Excessive sweating and body odor*** yes / no

 └ If yes, please specify: mild / moderate / severe

 - **Joint pain*** yes / no

 └ If yes, please specify: mild / moderate / severe

 - **Fatigue and muscle weakness*** yes / no

 └ If yes, please specify: mild / moderate / severe

 - **Headaches*** yes / no

 └ If yes, please specify: mild / moderate / severe

(*mild: 1 point, moderate: 2 points, severe: 3 point)

Acromegaly severity score (0-15 point):

- Enlarged hands / Increase of shoe size / Coarsened, enlarged facial features / Coarse, oily, thickened skin / Small outgrowths of skin tissue (skin tags) / A deepened, husky voice / Severe snoring / Impaired vision / Visual field defects / Enlarged tongue / limited joint mobility / Increased chest size (barrel chest) / Increased distance between teeth / Other:
.....

↳ **Other symptoms** **yes / no**

- If yes, please specify: Decreased body and facial hair ♂ / Thinning hair / Erectile dysfunction / Gynecomastia ♂ / Loss of interest in sexual activity / Infertility / Irregular menstrual periods (oligomenorrhea) or no menstrual periods (amenorrhea) ♀ / Galactorrhea ♀ / Painful intercourse ♀ / Acne ♀ / hirsutism ♀ / Lightheadedness / Fatigue / Body aches / Low blood pressure / Unexplained weight loss / Weight gain / Increased sensitivity to cold / Constipation / Dry skin / Puffy face / Hoarseness / Muscle weakness / Decrease in muscle mass / Muscle aches, tenderness and stiffness / Depression / Impaired memory / Difficulty in focusing attention / Other:
.....
.....

● **Laboratory results (first available)**

↳ **GH:**

▪ Date of investigation:

- **GH (baseline, 0 min.):**

- unit: ng/ml **calculator** mU/L
calculator ng/dL
- range: -

- **GH (lowest value during an OGTT):**

- unit: ng/ml **calculator** mU/L
calculator ng/dL
- range: -

↳ **Other hormones:**

▪ Date of investigation:

- **IGF-1:** - unit: ng/ml **calculator** nmol/l
 - Upper limit of normal (ULN):
 → Upper limit of normal ratio (ULNR):

- **Prolactin:**

- unit: ng/ml

calculator mU/L

calculator ng/dl

- range: -

- **TSH:**

- unit: mU/L

calculator μ U/ml

- range: -

- **FT₄:**

- unit: pmol/L

calculator ng/dl

calculator pg/ml

- range: -

- **ACTH:**

- unit: pmol/L *calculator* pg/ml

- range: -

- **Cortisol:**

- unit: nmol/L

calculator μ g/dl

calculator μ g /L

calculator ng/ml

- range: -

- **FSH:**

- unit: U/L

calculator mU/ml

- range: -

- **LH:**

- unit: U/L

calculator mU/ml

- range: -

- **Testosterone σ :**

- unit: nmol/L

calculator ng/ml

- range: -

- **Estradiol ♀ :**

- unit: pmol/L

calculator pg/ml

- range: -

^L Hormone excess: GH / GH + prolactin/ GH + other / no data.

^L Hormonal deficiencies: ACTH / TSH / LH / FSH / prolactin / vasopressin / no / no data.

Findings of pituitary insufficiency, before the first care: yes / no / no data

↳ Hypoadrenia yes / no

↳ Hypothyroidism yes / no

↳ Hypogonadism yes / no

↳ Diabetes insipidus yes / no

- If yes: Excretion of more than 4 liter urine yes / no / no data

Was there control lab test for acromegaly:

yes / no / no data

If yes:

- Current biochemical control of acromegaly:

↳ Date of assessment:

↳ Type: Well-controlled / Partially controlled / Uncontrolled / No data.

↳ IGF-1: - unit: ng/ml *calculator* nmol/L

- Upper limit of normal (ULN):

→ Upper limit of normal ratio (ULNR):

↳ Random GH: - unit: ng/ml *calculator* mU/L

calculator ng/dl

- range: -

↳ Mean GH: - unit: ng/ml *calculator* mU/L

calculator ng/dl

- range: -

● Radiological imaging

↳ Date of imaging (first available):

↳ Imaging modality: CT / MRI

↳ Maximal diameters of the tumor (3D if assessed): x x [mm]

/ No data.

↳ Size category: Micro / Macro / Giant / Not visualized / Empty sella / No data.

↳ Sinusoidal invasion: Yes / No / Not known / No data.

↳ Optic chiasm: No contact / Contact / Displaced / No data.

↳ Ectopic: Yes / No / Not known / No data.

● Genetics investigation: yes / no / no data

If yes: Sporadic / MEN1 / AIP / FIPA / Carney / McCune / Other.

- Other:

3. Details from the medical history

- **Dysglycemia:** **yes / no / no data**
If yes:
 - Type: IFG / IGT / T1DM / T2DM/ Other.
 - Other:
 - Since when:
 - Medically controlled **yes / no / no data**

- **Lipid metabolism disorder:** **yes / no / no data**
If yes:
 - Since when:
 - Medically controlled **yes / no / no data**

- **Hypertension** **yes / no / no data**
If yes:
 - Since when:
 - Medically controlled **yes / no / no data**

- **Cardiomyopathy** **yes / no / no data**
If yes:
 - Since when:
 - ECG abnormality: **yes / no / no data**
 - If yes:
 - AV conduction abnormality
 - Rhythm abnormality
 - Left ventricular hypertrophy
 - Bundle branch block
 - Ischemic lesion
 - QTc prolongation
 - Other:
 - Echocardiography: **yes / no / no data**
If yes: - date of examination :
- EF [%]:
- Degree of left ventricular hypertrophy:
no / mild /moderate /severe.
 - Heart failure: **yes / no / no data**
If yes: - Since when:
- Required hospitalization: yes / no
- Highest NYHA grade (I-IV):

- **Sleep apnoe:** **yes / no / no data**
If yes: - Since when:

- **Stroke:** **yes / no / no data**
 - ↳ If yes: - When happened:

- **Renal failure:** **yes / no / no data**
 - ↳ If yes: - Since when:
 - Lowest eGFR [ml/min/1.73m²]:

- **Any malignant tumor disease:** **yes / no / no data**
 - ↳ If yes:
 - ↳ Type:
Brain tumor / Thyroid gland tumor / Gastrointestinal tumor / Hematological tumor / Tumor of the skin and-or soft tissue / Urological tumor / Gynecological tumor / Breast cancer / Other (please, describe):
 - ↳ When was discovered:

- **Colonic polyp(s):** **yes / no /not known / no data**
 - ↳ If yes: - When was discovered:

- **History of other benign tumor:** **yes / no / no data**
 - ↳ If yes: - When was discovered:

- **Carpal tunnel syndrome:** **yes / no / no data**
 - ↳ If yes: - Since when:

- **Bone disorder:** **yes / no / no data**
 - ↳ If yes: - Since when:
 - DEXA: yes /no
 - ↳ If yes: lumbal / femoral / other.
 - Other:
 - ↳ T-score:
 - ↳ Z-score:

- **Fracture(s):** **yes / no / no data**
 - ↳ If yes: - When happened:
 - Region: vertebral/hip/wrist/other.
 - other:

- **Neuro-psychiatric disorders:** **yes / no / no data**
 - ↳ If yes: - When was diagnosed:
 - Type:
Depression / Anxiety disorder / Chronic pain syndrome / Cognitive problems / Other:

- **Other disorder:** **yes / no / no data**
 - ↳ If yes: - What disorder:
 - Since when:

- **Previous (non-pituitary) surgery:** **yes / no / no data**
 - ↳ If yes: - What was:
 - When:

- **Pregnancy:** **yes / no / male patient / no data**
 - If yes: - When (year):
 - Delivery: yes / no

- **Alcohol consumption:** **yes / no / no data**
 - If yes: - Frequency: not available / occasionally / monthly / weekly / daily.
 - Amount (per occasion):
 - For how many years?
 - Total alcohol consumption in the last two weeks [g]:
 - Quantity Guide:
 - 1 dl beer (4.5 vol%) = ~ 3.5 g alcohol
 - 1 dl wine (12.5 vol%) = ~ 10 g alcohol
 - 1 dl hard drink (50 vol.%) = ~ 40 g alcohol

- **Smoking:** **yes / no**
 - ↳ If yes: - Amount (cigarettes / day):
 - For how many years?

 - ↳ If not: - Earlier smoking? **yes / no / no data**
 - If yes: - Amount (cigarettes/day):
 - For how many years?
 - How long ago did you stop smoking?

- **Drug abuse:** **yes / no / no data**
 - ↳ If yes: - Type of drug:
 - Amount:
 - For how many years:

 - ↳ If not: - Drug abuse in the past? **yes / no / no data**
 - If yes: - Type of drug:
 - Amount:
 - For how many years / month, if available:

4. Family history

- **Tumorous disease in family history: yes / no / not available**

- **Pituitary tumor: yes / no**

- If yes: relationship to patient:

- mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- **Brain tumor: yes / no**

- If yes: relationship to patient:

- mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- **Thyroid gland tumor: yes / no**

- If yes: relationship to patient:

- mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- **Gastrointestinal tumor: yes / no**

- If yes: relationship to patient:

- mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- **Hematological tumor: yes / no**

- If yes: relationship to patient:

- mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- **Skin/ soft tissue tumor: yes / no**

- If yes: relationship to patient:

- mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- Urological tumor: yes / no

- If yes: relationship to patient:
 - mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- Gynecological tumor: yes / no

- If yes: relationship to patient:
 - mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- Respiratory tumor: yes / no

- If yes: relationship to patient:
 - mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- Breast cancer: yes / no

- If yes: relationship to patient:
 - mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

- Other :

- Relationship to patient:
 - mother / father / maternal grandfather / maternal grandmother / paternal grandmother / paternal grandfather / sister / brother / daughter / son / other (please, describe):

● Known diseases: yes / no

if yes: please, list/describe them:
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5. Treatment of acromegaly

- **First line treatment:** surgery / medical / radiotherapy / not done
- **Second-line treatment:** surgery / medical / radiotherapy / not done
- **Third line treatment:** surgery / medical / radiotherapy / not done

- If surgery: ➔ Form C – Surgical therapy
- If medical therapy: ➔ Form D – Medical therapy
- If radiotherapy: ➔ Form E – Radiotherapy

6. Relevant, not acromegaly medications taken regularly:

yes / no / no data

If yes: details

- Medication:
- Active substance:
- Dose: g *or* mg *or* IU
- How many times per day (e.g. 3):
- Method of administration: oral / nasal / transdermal / subcutaneous / intramuscular / intravenous/ other.
 - other:
- Other notes:
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-

7. Outcome

- Not available for endocrine care/ Regular follow-up / Death * / No data.

* Date of death: